

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Selby Record		2. DATE 9-8-19
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 28/33/36
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 4411 Main Street, Selby, SD, Walworth Co., 57472-0421		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same		
6. FULL NAME OF PUBLISHER Sharon Wolff		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME Sharon Wolff, Box 421, Selby, SD, 57472 COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	50	464
2. Mail Subscriptions (Paid and/or requested)	875	418
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	50	51
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	933	933
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unsent, spoiled after printing	37	37
2. Returns from News Agents	30	30
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public. I swear that the statements made by me are true, correct, and complete:

Sharon Wolff
(Signature)

Owner
(Title)

State of South Dakota)
County of Walworth)

Sworn to before me this 6 day of September, 2019
Deserae Simons
Notary Public

(Seal)

My commission expires: Deserae Simons
My Commission Expires
November 25, 2020

Form: SOS EHC 051 8/2019

